FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE: This is an initial* Statement of Organization	IA ETHICS AND PART VIEW PM 1.19.08 2008 JAN 23 Reservoirs	FORM STATEMENT DR-1 OF
*An initial Statement of Organization *An initial Statement of Organization must be filed within 10 days of the commaking expenditures, or incurring indebtedness exceeding \$750. Amenda a change. Penalties may be imposed for lifed Statements of Organization must be that exceeds \$750 in activity for earths.	mmittee's accepting contributions, nents must be filed within 30 days of tion. A candidate with an open	Rev. 01/2006) ORGANIZATION For Office Use Only Comm.# Indexed Audited
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the	e candidate's last name in the name of	,
IMPORTANT: Indicate type of committee you are reporting for: [1] Statewide/Legislative/Judge Standing for Reporting for: [2] (1) Statewide/Legislative/Judge Standing for Rention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)		
COMMITTEE TREASURER (mandatory for all committees)		·
Mailing A C. P. J. Van Egmond 1112 N 4th St	Name + Ricky Mailing Address + Address	bory except for a candidate's committee)
City, Stat	City, State J Zip Code J Zip Code J Zip Code Zip	VIA 50143
Phone (641) 6734747 e-Mail	M	416 0403
INDICATE PURPOSE OF COMMITTEE - Check One Box Adverse Comment or description: All Candidates Enter: Office Sought:	ocate for/against candidate(s)	ocate for ballot issue(s) ocate against ballot issue(s) d Local Ballot Committees Enter:
Political Party (if applicable) REPABLICAN District: 62 County no Year Standing for Election:	County: (If active in multiple ballot issue	elections, attach list of counties
Bank Account Name CENTRAL-COMMITTEE	Candidate name & Address or Part	ent Entity (PACs, if applicable).
MAHASIKA Co. REPUBLE CAN Name of Financial Institution/type of Account	Mailing Address + +	
Mid WEST ONE BANK Mailing Address	City ↓ ↓ s	tate ↓ ↓ Zip ↓ ↓
124 South First Str. City + State + Zip + + OSKALOOSA TA 51577-2317	Phone ()	
USMA 2005H, 14,52577-2317	e-Mail	
STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:		
1. The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the Iowa Administrative Code.		
2. That lowa Code section 68A.402 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.		
3. That lowa Code section 68A.405 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule. A committee that wishes to register a committee name for purposes of using the shorter "paid for by" and does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form.		
4. That lowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot		
5. A candidate and a candidate's committee may only expend campaign funds as permitted by Iowa code sections 68A.301 through 68A.303 and rule 351—4.25.		
6. That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of		

Signature of Candidate, OR, for all other committees, Chairperson

Date Signed

1-19-08 Date Signed